

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 14231US02	
		First Inventor Cargin	
		Title HAND HELD COMPUTERIZED DATA COLLECTION TERMINAL WITH RECHARGEABLE BATTERY PACK SENSOR AND BATTERY POWER CONSERVATION	
		Express Mail Label No. EV 327 683 006 US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>51</u>] <i>(preferred arrangement set forth below)</i> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings <i>(if filed)</i> -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>15</u>] 5. Oath or Declaration [Total Sheets <u>10</u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment (19 pp. and Abstract 1 p.) Return Receipt Postcard (MPEP 503) 14. <input checked="" type="checkbox"/> <i>(Should be specifically itemized)</i> Certified Copy of Priority Document(s) 15. <input type="checkbox"/> <i>(if foreign priority is claimed)</i> Nonpublication Request under 35 U.S.C. 122(b) 16. <input type="checkbox"/> (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Other: Appendix A (4 pp.), Appendix B (18 pp.), Appendix C (11 pp.) Replacement Fig. 19	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <u>08/921,485</u> Prior application information: Examiner: <u>Emmanuel L. Moise</u> Art Unit: <u>2306</u> For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number: <u>23446</u> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	Zip Code
Country		Telephone	Fax
Name (Print/type) <u>Michael T. Cruz</u>		Registration No. (Attorney/Agent) <u>44,636</u>	
Signature <u>Michael T. Cruz</u>		Date	<u>October 22, 2003</u>

 16834 U.S. 10
 10/691352
 102203



15866 U.S. PTO

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004 Patent Fees are subject to annual revision.		Complete if Known	
		Application Number	Not Assigned
		Filing Date	Herewith
		First Named Inventor	Cargin
		Examiner Name	Moise
TOTAL AMOUNT OF PAYMENT (\$1,916.00)		Group Art Unit	2306
		Attorney Docket No.	14231US02

METHOD OF PAYMENT		FEE CALCULATION (continued)																																											
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																																											
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																													
FEE CALCULATION																																													
1. BASIC FILING FEE																																													
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Small Entity Fee Code</th><th>Fee (\$)</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing Fee</td><td>770.00</td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing Fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>\$770.00</td></tr></tbody></table>		Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid	1001	770	2001	385	Utility filing Fee	770.00	1002	340	2002	170	Design filing Fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					\$770.00		
Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid																																								
1001	770	2001	385	Utility filing Fee	770.00																																								
1002	340	2002	170	Design filing Fee																																									
1003	530	2003	265	Plant filing fee																																									
1004	770	2004	385	Reissue filing fee																																									
1005	160	2005	80	Provisional filing fee																																									
SUBTOTAL (1)					\$770.00																																								
2. EXTRA CLAIM FEES																																													
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>51 - 20** =</td><td>31 x</td><td>18.00 =</td><td>558.00</td></tr><tr><td>Independent Claims 10 - 3** =</td><td>7 x</td><td>84.00 =</td><td>588.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	51 - 20** =	31 x	18.00 =	558.00	Independent Claims 10 - 3** =	7 x	84.00 =	588.00	Multiple Dependent																															
Total Claims	Extra Claims	Fee from below	Fee Paid																																										
51 - 20** =	31 x	18.00 =	558.00																																										
Independent Claims 10 - 3** =	7 x	84.00 =	588.00																																										
Multiple Dependent																																													
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Small Entity Fee Code</th><th>Fee (\$)</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>\$1,146.00</td></tr></tbody></table>		Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	**Reissue independent claims over original patent		1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					\$1,146.00		
Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid																																								
1202	18	2202	9	Claims in excess of 20																																									
1201	86	2201	43	Independent claims in excess of 3																																									
1203	290	2203	145	Multiple dependent claim, if not paid																																									
1204	86	2204	43	**Reissue independent claims over original patent																																									
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent																																									
SUBTOTAL (2)					\$1,146.00																																								
**or number previously paid, if greater. For Reissues, see above		SUBTOTAL (3) (\$)																																											

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Michael T. Cruz	Registration No. (Attorney or Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Telephone	312-775-8000
		Date	October 22, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.